



AUSTRALIAN PITUITARY FOUNDATION LTD

www.pituitary.asn.au

ABN 13 088 357 902

HEALTH PROFESSIONAL / CORPORATE MEMBERSHIP FORM

APPLICANTS NAME: Mr / Dr / Prof / Ms / CNC / NUM

TITLE: ie. Endo / Paed Endo/ Neuro / Opthal / Educator etc.

SPECIALTIES: pituitary / diabetes / obesity / adult GH

COMPANY / HOSPITAL / PRIVATE PRACTICE NAME

POSTAL ADDRESS including Dept.

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CITY:..... STATE:..... P/CODE:..... COUNTRY:.....

PHONE: W..... MOBILE..... FAX:.....

EMAIL:..... ALTERNATE EMAIL:.....

Health Professional: Endocrinologist..... Health Professional: Neurosurgeon.....

Health Professional: Nurse..... Other Health Professional.....

Pharmaceutical Company..... Corporate.....

Other Support Group..... Other (please specify).....

APF SERVICES: I would like to receive the newsletter by: Email Mail Both (please assist us with costs by selecting email) If you use the newsletter as a patient resource, please request the quantity you require otherwise 1 Newsletter will be sent:

I would like to receive hardcopy Newsletters Qty: Plus patient hand-out Brochures Qty:

HOW YOU CAN ASSIST US:

Yes I am happy to display a poster in my rooms/ ward /clinic Yes I am willing to talk with the media

I would be happy to contribute:

Assistance with resource/fact sheet development Educational articles

An educational presentation at our seminars or informal educational forums Advocacy & professional help

I am interested in assisting the Foundation in other ways

Membership is \$30.00 and is due for renewal annually at the end of the financial year - 30th June. Your donation to the APF would be greatly appreciated. Donations of \$2 or more are tax deductible.

Membership: \$ 30.00 Cheque / money order enclosed payable to Australian Pituitary Foundation Ltd

Donation: \$ Visa / Mastercard (please select).We cannot accept other cards. If paying by credit card please consider making a donation towards fees.

TOTAL: \$ Cardholder's Name:

Card Number:

I require a receipt Expiry date: .../... Signature

By agreeing to be a member of APF, you consent to your personal information being used in accordance with our Privacy Policy.

Signature..... Date.....